

## **APPLICATION FOR RENEWAL Debt-Management Services License**

Only complete applications will be considered. You may attach additional pages as necessary. Please type or print clearly in ink. Illegible applications will not be accepted.

Each applicant must submit all renewal information and documentation **annually**. The application must be filed no fewer than 30 and no more than 60 days before the license expires. If you file a timely and complete application, your license will remain effective until you are notified that the application for renewal has been denied and the reasons for the denial.

Send the completed application to the **Consumer Protection Unit, Department of Justice, 820 N. French St., Fifth Floor, Wilmington, DE 19801.**

### **Part I. Fee.**

The renewal application is not complete unless you send a non-refundable fee in the amount of one thousand dollars (\$1,000.00). Checks should be made payable to the Consumer Protection Fund.

### **Part II. Information.**

This is an application for renewal of your Debt Management Services License. You must disclose any changes from your most recent application in Item 16 below in addition to in the information specifically requested.

**NOTE:** Except as specifically designated herein by an asterisk (\*), the information provided is available to the public.

1. Name of applicant: \_\_\_\_\_

2. Principal place of business: \_\_\_\_\_

\_\_\_\_\_

5. Business telephone number(s): \_\_\_\_\_

6. Electronic mail address: \_\_\_\_\_

7. Internet website addresses: \_\_\_\_\_

8. Provide a description of any material civil or criminal judgment or litigation, and any material administrative or enforcement action by a governmental agency, against the licensee, any officer, director, owner, agent or person with access to the required trust account unless previously disclosed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. How many Delaware residents enrolled in plans in the year preceding this renewal? \_\_\_\_\_

10. How many Delaware residents completed plans in the year preceding this renewal? \_\_\_\_\_

11. Identify all trust accounts containing funds from Delaware residents including the name on the account, the location, the account number, and the dollar value:

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12. Identify each person who has access to a trust account.

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13. If a licensee holds money on behalf of a debtor to pay creditors, provide a statement disclosing the total amount of money received pursuant to plans during the preceding 12 months from or on behalf of individuals who reside in this State and the total amount of money distributed to creditors of those individuals during that period.

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14. If a licensee does not hold money on behalf of a debtor, disclose, to the best of the applicant's knowledge, the gross amount of money accumulated during the preceding 12 months pursuant to programs by or on behalf of individuals who reside in this State and with whom the applicant has agreements.

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15. Identify any other providers of debt management services to which you refer individuals through links on your web page or by other means.

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16. The following information has changed since my most recent application:

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**Part III. Enclose the following documents.**

An application is not complete and cannot be reviewed until the following documents are received:

1. \* Financial statements audited by a Certified Public Accountant for the year preceding this application.
2. A surety bond in the amount of Fifty Thousand Dollars (\$50,000) with a surety authorized to transact business in Delaware or a statement that the previously provided bond is still in effect and continuous.
3. Evidence of insurance in the amount at least equal to the larger of Two-Hundred and Fifty Thousand Dollars (\$250,000), or the highest daily balance of the trust account holding funds of Delaware residents during the 6 months preceding this renewal application, against the risks of dishonesty, fraud, theft, and other misconduct by a director, employee or agent of the applicant with no greater than Five Thousand Dollars (\$5,000) deductible. The insurer shall be licensed in Delaware and shall have a current rating of at least "A" by a nationally recognized rating organization. The Attorney General shall appear on the policy as an interested party entitled to notice of cancellation.
4. Evidence of accreditation by an independent accrediting organization approved by the Attorney General.
5. Documentation of certification by a *bona fide* third-party certification provider approved by the Attorney General for each certified counselor or a statement that such documentation will be provided within 12 months of employment.
6. A copy of each form of agreement used with Delaware residents as required in 6 *Del.C.* §2419A.

**THE APPLICANT SHALL UPDATE THE INFORMATION PROVIDED IN THIS APPLICATION WITHIN 10 DAYS FOLLOWING ANY CHANGE IN THE INFORMATION REQUIRED BY 6 *DEL.C.* §2405A, §2406A or §2411A.**

**AFFIDAVIT**

State of \_\_\_\_\_ )  
 ) SS.  
County of \_\_\_\_\_ )

I, the undersigned, swear or affirm that:

1. I have carefully read this Application for renewal of a Debt Management Services License, including all attachments and forms. The information contained herein is the product of a diligent and reasonable investigation and is true, accurate and complete to the best of my information and belief;
2. I am a high managerial agent of the Applicant acting with the authority of the Applicant; and
3. I understand that if I intentionally made a false statement in this application, or if someone else made a false statement that I know or believe to be false, I may be subject to criminal prosecution.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Print Name of Affiant

\_\_\_\_\_  
Title

Sworn or affirmed and subscribed to before me this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**SEAL**

My commission expires: \_\_\_\_\_